

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF IN THE UNITED STATES MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	FOR AT	LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	PERSON REPRESENTED (Show your full name) <div style="font-size: 24px; font-family: cursive;">CARLA PAIVA</div>
CHARGE/OFFENSE (describe if applicable & check box →) 21 USC 846, 21 USC 841(a)	x Felony <input type="checkbox"/> Misdemeanor	1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	DOCKET NUMBERS Magistrate <div style="font-size: 18px; font-family: cursive;">03-10361-RWZ</div> District Court <del>03-10361-12</del> Court of Appeals

ANSWERS TO QUESTIONS REGARDING THE AFFIDAVIT			
ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> <b>RECEIVED</b>            IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES            \$ _____            _____            _____         </div> <div> <b>SOURCES</b>            _____            _____            _____         </div> </div>	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> <b>VALUE</b>            IF YES, GIVE THE VALUE AND \$ DESCRIBE IT            _____            _____            _____         </div> <div> <b>DESCRIPTION</b>            _____            _____            _____         </div> </div>	
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input checked="" type="checkbox"/> DIVORCED	Total No. of Dependents _____ List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME: _____ <div style="font-size: 18px; font-family: cursive;">Capital One</div>	Creditors <div style="display: flex; justify-content: space-between;"> <div> <b>Total Debt</b>            \$ 175            \$ 7460.00            \$ 7460.00            \$ _____            \$ _____         </div> <div> <b>Monthly Paymt.</b>            \$ 750.00            \$ 7400.00            \$ _____            \$ _____         </div> </div>
	BILLS	(List all creditors, including banks, loan companies, charge accounts, etc.) _____ _____ _____	
	BILLS	_____ _____ _____	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)